

Illinois Department of Financial and Professional Regulation Appraisal Management Company Application for Initial Registration

PRIMARY DOCUMENT

AMC-1001

GENERAL INSTRUCTIONS

Please read the instructions carefully. Type or print legibly with blue or black ink. Answer all sections. If a section does not apply, please indicate as "**N/A**". Incomplete applications or applications completed incorrectly will be returned to the applicant. All signature areas must contain an original signature (*digital or copied signatures are not acceptable*). For entities domiciled outside of Illinois, you must include an irrevocable **Uniform Consent to Service of Process** form.

PART A: Applicant/Registrant Information – All other business names require separate and full registrations							
COMPLETE BUSINESS NAME							
NAME UNDER WHICH THE COMPANY WILL BE DOING BUSINESS AS IN ILLINOIS (DBA)							
EMPLOYER IDENTIFICATION NUMBER (EIN) OR SOCIAL SECURITY NUMBER (SSN)							
PRIMARY BUSINESS ADDRESS							
CITY		STATE	ZIP CODE				
TELEPHONE NUMBER	FACSIMILE NU	 MBER					
WEB ADDRESS							
PART B: Corporate Structure							
Sole Proprietor Domestic Corporation* Partnership** Limited Liability Company/Partnership If the applicant is not a corporation that is domiciled in Illinois then you must complete Part C ** If general partnership, attach a copy of the written partnership agreement *** If other type of corporate entity, attach a copy of the organizational documents.							
PART C: Agent For Service – FOR CORPORATIONS NOT DOMICILED IN ILLINOIS							
COMPLETE NAME OF THE AGENT FOR SERVICE							
BUSINESS ADDRESS							
CITY		STATE	ZIP CODE				
TELEPHONE NUMBER	FACSIMILE NU	MBER	1				
E-MAIL ADDRESS	1						

PART D: Person or Business Entity That Has Ownership of 10% or more of the Applicant Business Entity If you need to add more individuals or entities, you must copy this page. **COMPLETE NAME or BUSINESS NAME** ADDRESS CITY STATE ZIP CODE FACSIMILE NUMBER **TELEPHONE NUMBER** E-MAIL ADDRESS PERCENT OF OWNERSHIP ☐ YES □ NO **CERTIFIED ILLINOIS APPRAISER: COMPLETE NAME or BUSINESS NAME ADDRESS** CITY STATE ZIP CODE FACSIMILE NUMBER **TELEPHONE NUMBER** E-MAIL ADDRESS PERCENT OF OWNERSHIP ☐ YES **CERTIFIED ILLINOIS APPRAISER: COMPLETE NAME or BUSINESS NAME** ADDRESS CITY ZIP CODE STATE FACSIMILE NUMBER **TELEPHONE NUMBER** E-MAIL ADDRESS PERCENT OF OWNERSHIP □ № ☐ YES **CERTIFIED ILLINOIS APPRAISER:**

PART E: DESIGNATED CONTROLLING PERSON – Any individual registrant who operates as a sole proprietorship shall be considered a designated controlling person. Only one DESIGNATED CONTROLLING PERSON per appraisal management company is permitted.							
COMPLE	ETE NAME						
ADDRES	SS .						
CITY	тү		STATE	ZIP CODE			
TELEPH	ONE NUMBER	FACSIMILE NUMBER					
E-MAIL	ADDRESS	<u> </u>					
PART	F: DESIGNATED CONTROLLING PERSON - HISTO	RY			YES	NO	
FANT	I. DESIGNATED CONTROLLING FERSON - HISTO	IX I			11.3	NO	
1. Have you been convicted of any criminal offense in any state or federal court (other than minor traffic violations)? If yes, submit documentation for each conviction that includes an official copy of the court docket, which shows the offense, the final disposition inclusive of the sentence, a statement from the probation/parole officer if probation was served and that all conditions of the sentence have been met. Submit a brief statement indication what you have been doing since your conviction/release.							
2.	 Have you been denied a professional license or permit; or privilege of taking an examination; or had a professional license, certification, or permit disciplined in any way by any licensing authority? This includes disbarment. If yes, submit a copy of the denial letter and/or statement of discipline. 						
3.	3. Have you ever been discharged other than honorably from the armed services or terminated from a unit of local government, county, state or federal position? If yes, submit a DD-214 if discharged other than honorably from the armed forces; submit all documentation regarding public employment termination.						
4. Are you delinquent on a student loan, state taxes, or child support payments? If yes, submit a statement concerning your arrearage and an official document from the appropriate agency, the Illinois Student Assistance Commission, the Illinois Department of Revenue, or the Illinois Dept. of Healthcare and Family Services, concerning your arrearage and your payment agreement.							

The non-refundable <u>initial</u> application fee is **\$2,500.00**. Payment must be made with a certified check, cashier's check or money order made payable to:

Illinois Department of Financial and Professional Regulation
320 West Washington Street
3rd Floor
Springfield, Illinois 62786

PART G: Fee

PART H: Other Registrations – Indicate where your entity is currently registered									
☐ – I/We are not registered in any other state/jurisdiction									
State/	Jurisdiction	Registration No.	Pending (Y or N)	Fre	om (Mo/Yr)	To (Mo/Yr)			
PART	I: Certification	ons – I (We) certify to the following:							
1.	That the regis	strant will utilize Illinois licensed appraisers to	provide appraisal servi	ces with	in the State of Illi	inois.			
 That the registrant has a system in place utilizing Illinois licensed appraisers to perform reviews (in accordance with USPAP) of the appraisal work of all employed and independent appraisers that are performing real estate appraisal services in Illinois for the registrant. 									
3. That the registrant maintains a detailed record of each service request that it receives and the independent appraiser that performs the real estate appraisal service(s) in accordance with the Administrative Rules.									
4.	4. That the registrant shall comply with all other requirements of the Appraisal Management Registration Act and Administrative Rules that are part of this Act.								
5.	 That the registrant has policies and procedures in place with regard to compliance with customary and reasonable rates of appraiser compensation for complex assignments that are consistent with the Final Interim Rule and/or other rule of the federal Dodd-Frank Wall Street Reform and Consumer Protection Act. 								
6.	6. That the registrant shall not interfere with adherence to the Uniform Standards of Professional Appraisal Practice or the Real Estate Appraiser Act of 2002 or a subsequent Act by individuals licensed under the respective Acts.								
DESIGNATED CONTROLLING PERSON (Signature)									
DECIONATED CONTROLLING DEPOCN (Prints I Name)									
DESIGN	ATED CONTRO	LLING PERSON (Printed Name)			Dated				